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PTO/SB/01 (10-00)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU030273
	First Named Inventor	Alexandros Tourapis, et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**VIDEO COMFORT NOISE ADDITION TECHNIQUE**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 9-21-2004 as United States Application Number or PCT International

Application Number PCT/US04/30745 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/505,254	September 23, 2003

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

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## DECLARATION — Utility or Design Patent Application

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<b>Name</b>	JOSEPH S. TRIPOLI		
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<b>City</b>	<b>State</b>	<b>ZIP</b>	
PRINCETON	NJ	08543-5312	
<b>Country</b>	<b>Telephone</b>	<b>Fax</b>	
USA	(609-734-6834	(609) 734 -6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b>	ALEXANDROS <del>KICHAEL</del> AMT	<b>Family Name or Surname</b>	TOURAPIS
<b>Inventor's Signature</b>	 Alexandros Tourapis		<b>Date</b> 11/03/04
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
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West Windsor	New Jersey	08550	US

<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b>	JILL MACDONALD	<b>Family Name or Surname</b>	BOYCE
<b>Inventor's Signature</b>			<b>Date</b>
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
MANALAPAN	NEW JERSEY	US	US

<b>Mailing Address</b>			
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Manalapan	New Jersey	07726	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION — Utility or Design Patent Application

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<b>Name</b>		JOSEPH S. TRIPOLI			
<b>Address</b>		Thomson Licensing Inc.			
<b>Address</b>		PO Box 5312			
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<b>Country</b>		<b>Telephone</b>		<b>Fax</b>	
USA		(609-734-6834)		(609) 734 -6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b>		<b>Family Name or Surname</b>			
ALEXANDROS MICHAEL		TOURAPIS			
<b>Inventor's Signature</b>					<b>Date</b>
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
WEST WINDSOR		NEW JERSEY		US	
<b>Citizenship</b>		GREEK			
<b>Mailing Address</b>					
20212 Heather Drive					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
West Windsor		New Jersey		08550	
<b>Country</b>		US			
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b>		<b>Family Name or Surname</b>			
JILL MACDONALD		BOYCE			
<b>Inventor's Signature</b>		<b>Date</b>			
<i>Jill MacDonald Boyce</i>		10/28/04			
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
MANALAPAN		NEW JERSEY		US	
<b>Citizenship</b>		US			
<b>Mailing Address</b>					
3 Brandywine Court					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
Manalapan		New Jersey		07726	
<b>Country</b>		US			
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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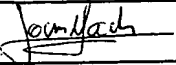


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**DECLARATION**
**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
**Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOAN		LLACH	
Inventor's Signature 		Date 10/27/04	
Residence: City PRINCETON	State NEW JERSEY	Country US	Citizenship SPAIN
Mailing Address			
Mailing Address 25C Chestnut Court			
City Princeton	State New Jersey	ZIP 08540	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	
	<b>Filing Date</b>	Herewith
	<b>First Named Inventor</b>	Alexandrous Tourapis
	<b>Title</b>	VIDEO COMFORT NOISE ADDITION TECHNIQUE
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	PU030273

I hereby appoint:

☒ Practitioners at Customer Number **Customer Number 24498**  
**OR**  
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

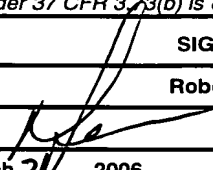
Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:  
**OR**  
☐ The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph J. Laks, Patent Operations				
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Country	USA				
Telephone	609-734-6834	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

<b>SIGNATURE of Applicant or Assignee of Record</b>			
Name	Robert B. Levy, Registration No. 28,234		
Signature			
Date	March 27, 2006	Telephone	609-734-6820

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 3 forms are submitted.

**POWER OF ATTORNEY  
THOMSON LICENSING**

We,

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do hereby grant

Joseph J. Laks  
Vice President  
Thomson Licensing Inc.  
Two Independence Way  
Princeton, New Jersey 08540

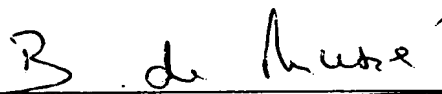
a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this \_\_\_\_ 14th \_\_\_\_ day of \_\_February\_\_, in the year 2006.

Signature:

Typed Name As Signed:

Title:

  
Béatrix de Russé  
Authorized Representative,  
Vice-President Intellectual Property & Licensing

THOMSON LICENSING

**POWER OF ATTORNEY**  
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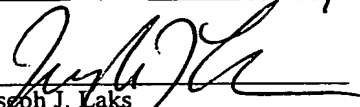
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Harvey D. Fried - Sr. Patent Counsel/Manager  
Ronald H. Kurdyla - Sr. Patent Counsel/Manager  
Robert D. Shedd - Sr. Patent Counsel/Manager  
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a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 27<sup>th</sup> day of February, 2006.

SIGNED

  
Joseph J. Laks  
Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS

